



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	488-3533
MAILING ADDRESS (Street)			FAX
99-1362 Palaialii Pl.			
(City)	(State)	(Zip Code)	
Aiea	HI	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			534-1244
MAILING ADDRESS (Street)			FAX
333 Queen St, #902			534-1247
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawai'i Community Foundation	(808) 537-6333	
MAILING ADDRESS (Street)	FAX	
1164 Bishop Street, Suite 800	(808) 521-6286	
(City)	(State)	(Zip Code)
Honolulu, Hawai'i		96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Katharine P. Lloyd	(808) 566-5521	
MAILING ADDRESS (Street)	FAX	
1164 Bishop Street, Suite 800	(808) 521-6286	
(City)	(State)	(Zip Code)
Honolulu, Hawai'i		96813

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**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<u>Government Operations &amp; Finance</u>	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



1/11/2007

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Katharine P. Lloyd	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Counsel & Vice-President, Operations
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NAME OF ORGANIZATION (if applicable)  
Hawai'i Community Foundation

TELEPHONE  
(808) 566-5521

MAILING ADDRESS (Street)  
1164 Bishop Street, Suite 800

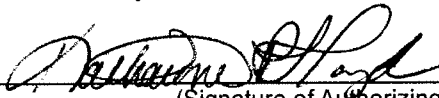
FAX  
(808) 521-6286

(City)  
Honolulu, Hawai'i 96813

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



1/11/2007

(Signature of Authorizing Officer or Person Represented)

(Date)